

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 0 1 7

2. STATE:

CA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)
1902(a)(10)(C); 1905(a)

4. PROPOSED EFFECTIVE DATE

July 1, 2001

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.1007; 1905(a)

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ 0 PSD

b. FFY 02 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 8a to Attachment 2.6-A, page 7

Supplement 1 to Attachment 2.6-A, page 5 6 PSD

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

None

Supplement 1 to Attachment 2.6-A, page 5 6 PSD

10. SUBJECT OF AMENDMENT:

MN Income Std Disregard

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: The Governor's Office
does not wish to review State Plan
Amendments

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gail Margolis

14. TITLE:

Deputy Director

15. DATE SUBMITTED:

September 28, 2001

16. RETURN TO:

Department of Health services
Attn: State Plan Coordinator
714 P Street, Room 1640
Sacramento, CA 95814**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 28, 2001

18. DATE APPROVED:

12/5/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS:

Blocks 8 and 9 - Changed to reflect material
submitted.
Block 7 - Impact entered based on SPA Impact Form.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

METHODOLOGIES FOR TREATMENT OF INCOME
THAT DIFFER FROM THOSE OF THE SSI OR AFDC PROGRAM
(More Liberal Than SSI or AFDC)

An income disregard applicable to the Medically Needy (MN) program (established pursuant to Sections 1902(a)(10)(C), 1902(r)(2), and 1905(a) of the Social Security Act) which is more liberal than those of the most closely related cash assistance program (the former AFDC program for AFDC-MN families and the SSI/SSP cash assistance program for ABD-MN individuals) is listed below. Included in this listing is a declaration as to whether the listed more-liberal income disregard replaces an existing AFDC or SSI program disregard.

1. A set of income disregards (see table below), dependent on family size, that, when added to the maximum income standard for the Medically Needy (MN) program permitted under Section 1903(f) of the Social Security Act (and based on 133 percent of the federally approved Maximum Aid Payment for the former AFDC program in place as of July 16, 1996) produces the effective income standards (listed on page 6 of Supplement 1 to Attachment 2.6-A) for the Medically Needy program. This set of income disregards does not replace any income disregard of the SSI program or of the former AFDC program.

MNL INCOME DISREGARD TABLE *
(MNL Disregard Amount Shown In Column 2)

Number of Family Members	Size of MNL Income Disregard (Authorized under 42 CFR 435.1007(e) & (f))	MN Income Std. Limit Per Sec. 1903(f)(3) of the SSA and 42 CFR 435.1007(b)-(d)	Effective MNL for MN Program
1	83	517	600
2	108	642	750
2 Adults	134	800	934
3	134	800	934
4	150	950	1100
5	184	1075	1259
6	208	1209	1417
7	216	1334	1550
8	242	1450	1692
9	258	1567	1825
10	275	1684	1959

* Effective MNLs for Medically Needy program enumerated on page 6, Supplement 1 to Attachment 2.6A

TN No. 01-017

Approval Date: DEC 5 2001 Effective Date: July 1, 2001

Supersedes

TN No. None

HCFA ID: 7985E

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: California

D. INCOME LEVELS – MEDICALLY NEEDY

X Applicable to all groups

Applicable to all groups
except those specified
below. Excepted group
income levels are also
listed on an attached
page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance <input type="checkbox"/> urban only <input checked="" type="checkbox"/> urban & rural	Income Disregards (see Supplement 8a to Attachment 2.6A, page 7)	Effective MNL for MN Program	
(1)	(2)	(3)	(4)	(5)
1	\$ 517	\$ 83	\$ 600.00	\$
2	\$ 642	\$ 108	\$ 750.00	\$
2 Adults	\$ 800**	\$ 134	\$ 934.00	\$
3	\$ 800	\$ 134	\$ 934.00	\$
4	\$ 950	\$ 150	\$ 1100.00	\$
5	\$ 1075	\$ 184	\$ 1259.00	\$
6	\$ 1209	\$ 208	\$ 1417.00	\$
7	\$ 1334	\$ 216	\$ 1550.00	\$
8	\$ 1450	\$ 242	\$ 1692.00	\$
9	\$ 1567	\$ 258	\$ 1825.00	\$
10	\$ 1684	\$ 275	\$ 1959.00	\$

For each
addit-
ional
person,
add:

\$ \$ \$ 14.00 \$

** This Maintenance Need Level applies only when at least one of the adults is aged, blind, or disabled.

TN No. 01-017
Supersedes
TN No. 01-020

Approval Date DEC 5 2001

Effective Date JUL 1 2001

HCFA ID: 1038P/0015P



DEPARTMENT OF HEALTH & HUMAN SERVICES

Refer to: MCD-SCG-PJD

Centers for Medicare & Medicaid Services
San Francisco Regional Office
75 Hawthorne St., Suite 408
San Francisco CA 94105

DEC 5 2001

Gail L. Margolis, Deputy Director
Medical Care Services
Department of Health Services
714 P Street, Room 1253
Sacramento, CA 95814

Dear Ms. Margolis:

Enclosed is a copy of California State plan amendment (SPA) No. 01-017, which we have approved effective July 1, 2001, as requested. This SPA implements an income disregard for the Medically Needy which effectively increases the Maintenance Need Level. This disregard is permissible under Sections 1902(a)(10)(C), 1903(f), and 1902(r)(2) of the Social Security Act and 42 CFR 435.1007.

Questions concerning this approval should be directed to Pat Daley at (415) 744-3592.

Sincerely,

Linda Minamoto
Associate Regional Administrator
Division of Medicaid

Enclosure

cc: Elliott Weisman, CMS, Center for Medicaid and State Operations (2) ✓
Jackie Wilder, CMS, Center for Medicaid and State Operations
Joan Peterson, CMS, Center for Medicaid and State Operations
Barbara Hardiman, DHS, California State Plan Coordinator